

United States Of America
Department of Transportation - Federal Aviation Administration

Supplemental Type Certificate

Number SA1869SW

This Certificate issued to Signature Flight Support Corporation,
a Delaware Corporation
7511 Lemmon Avenue, Hangar C
Dallas, TX 75209

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b of the Civil Air Regulations.

Original Product Type Certificate Number: 2A15
Make: Lockheed
Model: 1329

Description of Type Design Change:

Installation of two Hamilton Standard Air Cycle Refrigeration Units according to EAS Drawing List 3441155; dated 10/26/70, Revision A dated 4/9/74, or later FAA approved revision.

Limitations and Conditions:

FAA Approved Airplane Flight Manual Supplement dated April 18, 1974, is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: October 26, 1970

Date reissued: 9/4/92; 12/21/98; 8/31/00

Date of issuance: April 18, 1974

Date amended: February 12, 1982 Rev. 2



By direction of the Administrator

S. Frances Cox
(Signature)

S. Frances Cox
Manager, Special Certification Office,
Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____

(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____

(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____